Eastern Montana
TO SERVE WITH PRIDE
TO LIVE WITH DIGNITY
Veterans Home
An Intermediate / Skilled Care Facility
2000 Montana Avenue • Glendive, Montana 59330
Ph. (406) 345-8855 • Fax (406) 345-8121

I am applying for admission to Eastern Montana Veterans Home under the provisions of Montana Statute 10-2-403. It is my understanding that access to the information in this application will be used by Eastern Montana Veterans Home Staff. No other use, specifically authorized by law, will be made of this information without my prior consent. I also understand that I am under no obligation to supply the information requested by this form, however, my eligibility cannot be determined without providing such information and the consequences of such a refusal would make me ineligible for admission.

Room rates will be discussed with the prospective resident and his/her responsible party by Social Services. Pre-payment is required upon admission.

Admission procedures are based on the following:

- A current application for admission completed by the perspective resident and/or the person who is responsible for handling the financial and/or medical affairs of the prospective resident.
- A History and Physical.
- Once the information has been received, the application will be considered for admission. In rare circumstances, this form may be completed at the time of admission.
- Once the application has been approved, the responsible party will be notified and admission arrangements will be made at that time.
- The following documents, if applicable, are needed prior to, or upon, admission: DD-214 Honorable Military Discharge, Financial Durable Power of Attorney, Medical Durable Power of Attorney, Guardianship, Conservatorship, Advance Directives, Living Wills, Physician Order for Life Sustaining Treatment (POLST), prescription card, Medicare card, and Medicare supplement card.
- If you have any questions, please, feel free to contact Social Services at (406)345-4225, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.

PLEASE NOTE THAT COMPLETION OF THE PRE-ADMISSION FORM DOES NOT GUARANTEE PLACEMENT AT EASTERN MONTANA VETERANS HOME.

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Applicant/Resident Information:			
Name:	DOB:	Age:	Sex:
Address:	County:	Phone: ( )	
Marital Status: S M Sep D W	Birth Place:		
Social Security:	Medicare #:	Medicaid #:	
Health Insurance #1:	Policy #:		
Health Insurance #2:	Policy #:		
Prescription Drug Plan (We may ask you to switch plans if we are not contracted):			
Attending Physician:	Last Seen by Physician:	Physician Phone #:	
Applicant/Resident Likes to be Called (Nickname):			
Current Living Arrangements: ☐ House ☐ Apartment ☐ Other:			
Do you live alone? ☐ Yes ☐ No	Previous Occupation:		
Education:	Spiritual/Religious Preference:		
Cultural Background, if any:	Primary Language:		
This Placement is: ☐ Short-Term ☐ Long-Term ☐ Other (explain)			

VA Information:	
Veteran's Administration #:	Branch of Service:
Dates of Service:	Receiving A& A from VA: ☐ Yes ☐ No
VA Outpatient Card: ☐ Yes ☐ No	Are you currently receiving Service Connected Disability: ☐ Yes ☐ No
Percentage of your disability:	Income Sources (VA, Social Security, Other):

Legal Documentation: Do you have the following documents? (These must be sent with the application)			
☐ Certified Copy of Honorable Military Discharge (DD-214)	☐ Copy of Birth Certificate	☐ Durable Power of Attorney	
☐ Durable Medical Power of Attorney	☐ Living Will	☐ Guardianship	☐ Conservator
☐ Do Not Resuscitate ☐ Other Advanced Directives (list)			

Financially Responsible Party:			
Name:	Relationship:		
Home Phone: ( )	Business Phone: ( )		
Address:	City:	State:	Zip:
Send Statement/Bill To: (Name, Address, Phone)			

Family Members:		
Spouse Name:	☐ Living ☐ Deceased Date:	
Children: (If more, list on back of form)		
Name:	Address:	Phone: ( )
Name:	Address:	Phone: ( )
Name:	Address:	Phone: ( )
Name:	Address:	Phone: ( )
Name:	Address:	Phone: ( )
Parents – Father's name:	Mother's name(& maiden name):	
Occupations:	# of Siblings:	
#of Grandchildren:	# of Great Grandchildren:	

In Case of Emergency, Notify:			
Name:	Relationship:		
Home Phone: ( )	Business Phone: ( )		
Address:	City:	State:	Zip:
Name:	Relationship:		
Home Phone: ( )	Business Phone: ( )		
Address:	City:	State:	Zip:

List any specialists or physicians you are currently seeing or have seen in the past:
List any special devices or implanted medical equipment:
List any procedures or surgeries you have had:

Signature Date

Witness Date

ALL SERVICES AND BENEFITS ARE PROVIDED BY THE HOME ON A NON-DISCRIMINATORY BASIS AS REQUIRED BY THE CIVIL RIGHTS ACT AND REGULATIONS OF THE VETERANS ADMINISTRATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORGIN.

Revised 3/2018